



In-Service eLearning Registration Form

WASHINGTON STATE CRIMINAL JUSTICE
TRAINING COMMISSION
19010 1ST AVE S
BURIEN, WA 98148-2055
206-835-7300
Fax 206-835-7926

I. USER INFORMATION

Name in Full: (Last, First, Middle)	Social Security Number:	Birth Date: (Month, Day, Year)
Current Title:	Home Phone:	Work Phone:
Email Address:		

II. AGENCY INFORMATION

Agency Name:	Phone Number:
Name of Agency Authorizing Authority:	Title of Agency Authorizing Authority:
Mailing Address:	Authorizing Authority Email Address:

Signature of Applicant: _____

Signature of Authorizing Authority: _____

III. WSCJTC USE ONLY

Username (Account):	
Account Creation Date:	Password:

Send the completed form to:

Anastasia Equihua-Equihua
WSCJTC
19010 1st Avenue South
Burien, WA 98148
Fax: 206-835-7926
Email: aequihua@cjtc.state.wa.us

Warning: a peace officer who knowingly falsifies or omits material information on an application for training or certification to the Commission may be subject to decertification (RCW 43.101.105).